

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/539562
FILING DATE
APPLICANT

6/17/85 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/					
2	/		/				52	/					
3	/		/				53	/					
4	/		/				54	/					
5	/		/				55	/					
6	/		/				56	/					
7	/		/				57	/					
8	/		/				58	/					
9	/		/				59	/					
10	/		/				60	/					
11	/		/				61	/					
12	/		/				62	/					
13	/		/				63	/					
14	/		/				64	/					
15	/		/				65	/					
16	/		/				66	/					
17	5		/				67	/					
18	/		/				68	/					
19	5		/				69	/					
20	/		/				70	/					
21	5		/				71	/					
22	/		/				72	/					
23	/		/				73	/					
24	/		/				74	/					
25	/		/				75	/					
26	/		/				76	/					
27	/		/				77	/					
28	/		/				78	/					
29	/		/				79	/					
30	3		/				80	/					
31	2		/				81	/					
32	3		/				82	/					
33	/		/				83	/					
34	/		/				84	/					
35	/		/				85	/					
36	/		/				86	/					
37	/		/				87	/					
38	/		/				88	/					
39	/		/				89	/					
40	/		/				90	3		/			
41	/		/				91	4		/			
42	/		/				92	4		/			
43	/		/				93	2		/			
44	/		/				94	4		/			
45	/		/				95	4		/			
46	/		/				96						
47	/		/				97						
48	/		/				98						
49							99						
50							100						
TOTAL IND.			↓		↓		TOTAL IND.		2	↓		↓	
TOTAL DEP.			←		←		TOTAL DEP.		52	←		←	
TOTAL CLAIMS							TOTAL CLAIMS		54				

BEST AVAILABLE COPY